#### **Patent Application Data Sheet**

#### **Application Information**

Variety denomination

name::

Regular Application Type:: Subject Matter:: Utility Suggested Classification:: Suggested Group Art Unit:: CD-ROM or CD-R?:: Number of CD disks:: Number of copies of CDs:: Sequence submission?:: Computer Readable Form (CRF)?:: Yes Number of copies of CRF:: Title:: VACUUM CLEANER HAVING TWO CYCLONIC **CLEANING STAGES** 12811-402/PMdC Attorney Docket Number:: Request for Early Publication?:: No Request for Non-Publication?:: No 1 Suggested Drawing Figure:: **Total Drawing Sheets:** 8 Small Entity?:: No Latin Name::

Petition included?:: No Petition Type:: Licensed US Govt. Agency:: **Contract or Grant** Numbers:: Secrecy Order in Parent Appl.?:: No **Applicant Information Inventor Authority Type::** Inventor **Primary Citizenship** Country:: CANADA Status:: **Full Capacity** Given Name:: Wayne Middle Name:: **Ernest** Family Name:: Conrad Name Suffix:: Mr. City of Residence:: Hampton State or Prov. Of Residence:: Ontario Country of Residence:: Canada Street of mailing address:: 9 King Street City of mailing address:: Hampton State or Province of mailing address:: Ontario

Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

L0B 1J0

Inventor Authority Type::

Inventor

**Primary Citizenship** 

Country::

CANADA

Status::

**Full Capacity** 

Given Name::

Helmut

Middle Name::

Gerhard

Family Name::

Conrad

Name Suffix::

Mr.

City of Residence::

Hampton

State or Prov. Of

Residence::

Ontario

Country of Residence::

Canada

Street of mailing address::

9 King Street

City of mailing address::

Hampton

State or Province of

mailing address::

Ontario

Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

**LOB 1J0** 

Inventor Authority Type::

Inventor

**Primary Citizenship** 

Country::

**CANADA** 

Status::

**Full Capacity** 

NOTE:

REPEAT THIS INFORMATION FOR EACH INVENTOR OR OTHER

APPLICANT.

# **Correspondence Information**

**Correspondence Customer** 

Number::

001059

Phone Number::

416-957-1695

(Max. 3 telephone numbers)

Fax Number::

(416) 361-1398

E-Mail Address::

pmdcosta@bereskinparr.com

(Max. 3 e-mail addresses)

## Representative Information

Representative

**Customer Number::** 

001059

**Domestic Priority Information** 

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	continuation of	09/679,353	October 5, 2000
	division of	09/239,860	January 29, 1999 Issued patent no. 6,334,234
	CIP of	09/227,534	January 8, 1999 Issued patent no. 6,141,826

## **Foreign Priority Applications**

Country::

**Application** 

Filing Date::

**Priority Claimed** 

Number::

## **Assignee Information**

Assignee name::

Fantom Technologies Inc.

Street of mailing address::

1110 Hansler Road

City of mailing address::

Welland

State or Province of

mailing address::

Ontario

Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

L3B 5S1